Please utint or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 ch rers/inc	ch).		·	Form Approved OMB	No. 158-R0	1175 - (
FOEM	VIRONMENTAL PROTECTION AGENCY			I. EPA I.D. NUMBER	ASSES	
SIPA	GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)			1 2		11.2.3
LABELITEMS				GENERAL I		
I. EPA I.D. NUMBER	it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the					
III. FACILITY NAME				appropriate fill—in ar the preprinted data is	ea below. A	Also, if any c
V. MAILING ADDRESS PLACE LABEL IN THIS SPACE				left of the label spatthat should appearl, proper fill—in areals	ece lists the please prov	e <i>information</i> vide it in th
				complete and correct Items I, III, V, and	VI (excep	t VI-B which
VI. FACILITY VI. LOCATION				must be completed items if no label has the instructions for	been provi detailed	ded. Refer to item descrip
				tions and for the le which this data is colli		zations unde
II. POLLUTANT CHARACTERISTICS						
INSTRUCTIONS: Complete A through J to determine questions, you must submit this form and the suppleme if the supplemental form is attached. If you answer "not is excluded from permit requirements; see Section C of the	ental form o" to eac	n listed in the h question, y	e parenthesis following the quou need not submit any of the	uestion. Mark "X" in the b nese forms. You may answ	oox in the th er "no" if y	aird column our activity
SPECIFIC QUESTIONS	1 - 1	ARK X	SPECIFIC	QUESTIONS	YES	MARK X
A. Is this facility a publicly owned treatment work which results in a discharge to waters of the U.S. (FORM 2A)	.?	77		I animal feeding operation to the suits	n or in a	У
C. Is this a facility which currently results in discharge to waters of the U.S. other than those described i A or B above? (FORM 2C)	es in	23 24	D. Is this a proposed facil	ity (other than those desc ch will result in a dischar		20 21 X 26 27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	of X		F. Do you or will you inj municipal effluent belo taining, within one g		ial or con- bore,	X
G. Do you or will you inject at this facility any produce water or other fluids which are brought to the surfac	ed	29 30	H. Do you or will you inje		r spe-	X 32 33
in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery coil or natural gas, or inject fluids for storage of liqui hydrocarbons? (FORM 4)	of id	X 36 36	process, solution minir	ng of minerals, in situ correcovery of geothermal en	mbus-	34 39
Is this facility a proposed stationary source which one of the 28 industrial categories listed in the ir structions and which will potentially emit 100 tor	is n-	y ,		osed stationary source who dustrial categories listed in will potentially emit 250	ich is in the	X
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in a attainment area? (FORM 5)	ne			utant regulated under the t or be located in an attair	ment	44 45
III. NAME OF FACILITY		41 42	area (Control)			
SKIP SCIENTIFIC CHEM	IC.	A L PR	OCESSING.	INC.		
IV. FACILITY CONTACT					60	
A. NAME & TITLE (last,	first, & t			B. PHONE (area code & n	0.)	
LING, CARL W. PRE	SIDEN	T	20	1 74733	3 6	
V. FACILITY MAILING ADDRESS			45 46	- 45 49 - 31 152	- 33	
A. STREET OR P.C	O. BOX		11111	SE	MS Docume	ent
B. CITY OR TOWN			C.STATE D. ZIP C	ODE		
6 NEWARK			N J 0 7	θ 5 	67605	
VI. FACILITY LOCATION				<u> </u>		
A. STREET, ROUTE NO. OR OTHER	N'K	ROAD	IER	·		
B. COUNTY NAME		1-1-1				
BERGEN			70	ODE T F. COUNTY COL		10.10
6 CARESTADT	- T	1 1 1 1	D.STATE E. ZIP C	7 2 (If known)		
EPA Form 3510-1 (6-80)			18 11 12 17	11 32 54	CONTINUE	ON REVER
··						

CONTINUED FROM THE FRONT						
VII. SIC CODES (4-digit, in order of priority)						
A, FIRST	B. SECOND (specify)					
52 8 6 9 Spent non-halogenated solvent	7 2 8 2 1 Spent non-halogenated solvent					
C. THIRD	D. FOURTH					
7 2 8 5 1 Paint residues from industrial	7 10 V 3 (specify)					
VIII. OPERATOR INFORMATION	B. (s the name listed in					
A. NAME ASCIENTIFIC CHEMICAL PRO	Item VIII-A also the					
S'C'I'E'N'T'I'F'I'C' CHEMICAL P'RO 8	CESSING INC,					
13 16	56					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer F = FEDERAL M = PUBLIC (other than federal or state) 14 (5						
F = FEDERAL $M = POBLIC (other than federal or state)$ $S = STATE$ $O = OTHER (specify)$ $P = PRIVATE$	pecify) A 20 747 3552					
E, STREET OR P.O. BOX	<u> </u>					
YIT WILSON NUEKUE						
F. CITY OR TOWN	G.STATE H. ZIP CODE IX, INDIAN LAND					
BUEWARK	Is the facility located on Indian lands? YES XX NO					
13 16	10 / 1 / 2 / 2 YES XX NO					
X. EXISTING ENVIRONMENTAL PERMITS						
	s from Proposed Sources)					
9 N 9 P						
B. UIC (Underground Injection of Fluids) E. OTHE	R (specify)					
9 U	(specify)					
C. RCRA (Hazardous Wastes) E. OTHE	R (specify)					
बन्त स्राप्त स्राप्त विज्ञा । जा	(specify)					
9 R 35 16 17 18 17 18 17 18	NSDEP AIR					
XI. MAP						
	o at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste					
treatment, storage, or disposal facilities, and each well where it injuries	ects fluids underground. Include all springs, rivers and other surface					
water bodies in the map area. See instructions for precise requiremen	ts. F9:A/50					
XII. NATURE OF BUSINESS (provide a brief description)						
Scientific Chemical Processing Inc. is a resource recovery company operating at two locations, wark, N.J. and Carlstadt, N.J. Used or contaminated non-halogenated solvents are						
novered by chemical processing. These reclarginators or sold. Some of these recovered	products are either returned to the products are sometimes sold as fuels.					
	1					
. F	$=$ α					
$F9:\frac{A}{5}$						
XIII. CERTIFICATION (see instructions)						
	am familiar with the information submitted in this application and all					
attachments and that, based on my inquiry of those persons imm	nediately responsible for obtaining the information contained in the mplete. I am aware that there are significant penalties for submitting					
A. NAME & OFFICIAL TITLE (Type or print) B. SIGNA						
CARL, LING W. PRESIDENT						
	-ad l- = 11-18-30					
COMMENTS FOR OFFICIAL USE ONLY						
PA Form 3510-1 (6-80) REVERSE	35]					

ATTACHMENT TO EPA FORM 158-R0175

Scientific Chemical Processing, Inc.

1 \$

411 WILSON AVE NEWARK, NEW JERSEY 07105 PHONE 201-589-7777

CARLSTADT, N.J. FACILITY

SECTION X EXISTING ENVIRONMENTAL PERMITS, PART E (other)

PERMIT NO 39817 36333 36334 36335 36336 36337 36338 36339 36352 36352 36353 39816 39818 36327 36331 36340	36341 36342 36343 36344 36346 36345 36348 36347 36349 36350 36354 36356 36322 36323 36830	36831 36321 36320 36818 36816 36353 36352 36339 36338 36337 36336 36335 36335 36334 36333
J0J+0	30030	36324

BOROUGH OF CARLSTADT - SMOKE PERMIT NO. 945

U.S. EPA - DISCHARGE NO. NJ 0003212